PTO/SB/22 (04-07)

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|---|------------------|--------------------------|-------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | |
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 1254 | I-0259PUS1 |
| | | Til-4 | -4 |
| Application Number 10/509,121-Conf. #330 |)3 | Filed Se | eptember 28, 2004 |
| For GENE CODING FOR ACETOLACTATE SYNTHASE | | | |
| Art Unit 1638 | | Examiner | Kruse, David H. |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | Fee ⁻ | Small Entity Fe | <u>e</u> |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| X Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 450.00 |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | · \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| x The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. | | | |
| | | | |
| I am the applicant/inventor. | | | |
| | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of record. Regist | ration Number | 28,977 | |
| attorney or agent under 37 CFR 1.34. | | | |
| Registration nymber if acting under 3 | | | |
| H32, 351 | | Augi | ust 9, 2007 |
| Signature | | Date | |
| Gerald M. Murphy, Jr. | | (703) 205-8000 | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of 1 forms are submitted. | | | |

